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THE SECOND YEAR

Report of the

Suicide Prevention Provincial Advisory Committee

to the

Minister of Social Services and Community Health

The Honourable Dr. Neil Webber

September, 1983

Alberta
SUICIDE PREVENTION
PROVINCIAL ADVISORY COMMITTEE

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SUICIDE PREVENTION
PROVINCIAL ADVISORY COMMITTEE
September, 1983

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SECTION I

INTRODUCTION

In its first annual report, September, 1982, our Committee stated that in order to deal effectively with suicide in Alberta, a coordinated approach to suicide prevention, intervention and postvention is necessary. Such a coordinated system must include an adequate outreach capability, effective training of gatekeepers, thoughtful education of the general public, and improved understanding of suicide prevention through research. These four components, of outreach, training, education and research must function in an interrelated fashion if suicides are to be reduced in Alberta.

In the first year of our work we focussed on identifying suicide prevention, intervention and postvention needs. In this the second year of operation our Committee has focussed its energies on developing effective approaches to suicide prevention, intervention and postvention. Concurrently, we have promoted the concept of interagency cooperation and coordination at the community lev . Throughout the two years of its existence our Committee has devoted much time and effort to consultations with various community agencies and individuals, advising and assisting the development of effective approaches to suicide prevention, intervention and postvention programs.

Glancing ahead to the third year, our Committee plans to focus its efforts on translating the approved proposals into effective and efficient functioning programs. It should be said that while the three-phase sequence which we have outlined is generally descriptive of our Committee's strategy, the various programs are proceeding along different timelines, and are at various stages of development.

This report briefly summarizes our Committee's second year of operation. Section II provides an overview of Committee activities organized under the headings "Prevention", "Intervention", "Postvention", "Program Funding", "Program Evaluation", and "Provincial Suicidologist". Section III provides a description and status report from the coordinators of the various programs. And, Section IV addresses plans for the future.

SECTION II

GENERAL OVERVIEW OF COMMITTEE ACTIVITIES

Consistent with its mandate as set out in the Ministerial Order which created our Committee, we have proceeded to encourage the development of: 1) suicide prevention, intervention and postvention services in smaller cities, rural areas and native communities; 2) province-wide suicide information, education and training programs; 3) a suicide research centre; and 4) evaluation plans for the suicide prevention programs funded by Alberta Social Services and Community Health.

In our approach to suicide prevention, intervention and postvention we have consistently emphasized four things: 1) maximum utilization of volunteers in the provision of services; 2) providing needed services by enhancing the capabilities of existing agencies through better training, rather than creating new agencies; 3) providing services in a coordinated interagency framework; and 4) providing maximum opportunity for local decision making in the development and implementation of programs.

Our Committee is gratified by the very substantial progress that has been achieved in the development of the various programs in the short space of two years. The careful planning and the obvious dedication of the personnel working in the various programs has resulted in a most promising approach to suicide prevention. This positive appraisal is affirmed by the international attention which the Alberta programs are beginning to attract. More importantly, however, there are indications that the expectations in which the programs were created are being realized. Both, documented cases and current suicide statistics imply that lives are being saved.

Prevention

Suicide prevention subsumes those activities which are aimed at preventing people from becoming suicidal. Training and education are two such activities. The need for training and education has been consistently identified as a high priority in all Alberta communities visited by our Committee. We are taking four different approaches to meet his need.

1. The Suicide Information Education Centre (S.I.E.C.)

   The purpose of S.I.E.C. is to make readily available to gatekeepers, researchers and to the general public a comprehensive data base on suicide prevention, intervention and postvention, and to maximize convenience and speed in accessing the data base. Suicide information can be obtained from S.I.E.C. by remote computer terminal and, upon request, by mail or telephone. Articles, books and films are housed at the Centre. A strategy is currently being developed to systematically promote the effective use of S.I.E.C.'s data base by Albertans who can benefit from it.

2. Suicide Prevention Training Program (S.P.T.P.)

The purpose of S.P.T.P. is the effective and efficient dissemination of sound training in the fundamentals of suicide prevention, to gatekeepers throughout Alberta. Currently, three training modules dealing respectively with attitudes, knowledge and skills in suicide prevention have been developed and field-tested. These training modules are disseminated in a two-day workshop format.

This program is being developed through three stages: the first stage involves the identification, screening and selection of persons potentially capable of becoming trainers; the second stage involves training and apprenticing the selected trainees; the third stage has the graduate trainees conducting suicide prevention workshops for gatekeepers in their respective communities. Graduated trainees also serve their communities as consultants in suicide prevention. This program is presently well into the third stage.

3. Native Suicide Prevention Program

Cultural uniqueness, social segregation, geographical isolation, and reluctance on the part of Native peoples to seek help from "white" agencies indicate that Native people should have the opportunity to develop their own approaches to suicide prevention, intervention and postvention. To facilitate such a process our Committee has funded Native Counselling Services of Alberta to develop and field test a suicide prevention training program addressed to the specific needs of Alberta's Native people. This program is currently under development.

4. Suicide Research Centre

A better understanding of suicide will enable us to respond more effectively to the problem of suicide. Alberta based suicide research can best address the particular needs of this province. Toward this end The University of Calgary was funded to develop a detailed design for a suicide research centre, and to upgrade its library collection for research purposes. Planning for the centre is now complete and efforts are currently under way to find the funding that is needed to implement the proposed research centre.

Intervention

Intervention here has reference to the provision of remedial services for the persons experiencing a suicidal crisis. Specifically, we include under this heading the provision of round-the-clock, seven-days-per-week crisis-line intervention and a coordinated outreach service; emergency professional medical and non-medical intervention capability; and a supervised temporary accommodation for those who do not require hospitalization, yet would benefit from a sheltered setting.

To insure a coordinated community response to the need for suicide intervention our Committee has fostered development of an interagency approach. We met with representatives of helping agencies that deal with suicide in the communities of Lethbridge, Medicine Hat, Red Deer, Fort McMurray and Grande

Prairie. As each community proved itself ready to undertake an interagency initiative our Committee approved funding to a designated agency to carry out the developmental work for the provision of coordinated suicide intervention services. In Lethbridge, for example, the designated agency, Lethbridge Family Services, on the initiative of Dr. Jean Collins, Coordinator of Suicide Prevention Services, has adopted the British Samaritans model of crisis-line intervention. Operated entirely by volunteers this is an innovative approach to suicide intervention in Canada.

Suicide prevention coordinators, situated in the respective designated agencies, working in close cooperation with community interagency committees, are presently developing and in some cases implementing coordinated services in their respective communities. In the first phase of their work the coordinators and interagency committees in the respective communities identified gaps in local suicide intervention services, and they negotiated each agency's role and function in providing an effective intervention service. In the second phase the negotiated roles and functions of the various agencies will be put into operation, thus providing an effective intervention network in each of these communities.

Postvention

Postvention implies two different types of activities: 1) assisting suicide attemptors with rehabilitation; 2) helping those bereaved by suicide to cope with the death.

The rehabilitation process must provide for follow-up professional counselling and volunteer befriending as needed. These services are best provided as an integral part of suicide intervention.

Bereavement counselling is a special need of the family friends and other close associates of persons who die from suicide. Such persons often bear a special burden of trauma and guilt, and not infrequently the after effects of suicide bereavement can be mental illness and suicidal tendencies. Bereavement groups are increasingly used as a method of helping bereaved survivors to overcome the negative effects. To meet this need our Committee has funded two bereavement programs, one in Edmonton under the administration of A.I.D. and one in Calgary under the administration of C.M.H.A.

Program Funding

The Government of Alberta has demonstrated an exceptional concern for the problem of suicide. Through Alberta Social Services and Community Health it has committed itself to support suicide prevention services with a continuing grant of $800,000 per annum. The monies allocated have enabled us to develop a network of suicide prevention, intervention and postvention services second to none in the world.

However, there still remain some critical gaps to be filled in present services for the suicidal. Specifically, there is an urgent need for suicide intervention services in the rural areas; for counselling services to those bereaved by suicide; and, for education of our youth in suicide prevention. To meet these needs will require significant additional funding.

Our Committee takes the position that it is highly desirable to maximize involvement of the general public in suicide prevention. The problem of suicide in Alberta will not be dealt with effectively unless it is viewed as a community responsibility. We know from our experience with volunteer participation in the various suicide prevention programs that Albertans are concerned about suicide and are ready to give of their time and energy to help the suicidal. Our Committee believes that given an opportunity, Albertans will also be willing to assist financially so that the critical gaps in existing suicide services can be filled. To this end we have supported the creation of the Canadian Suicide Prevention Foundation. It is the Committee's expectation that any funds raised through the Foundation will supplement and complement current government funding for suicide prevention, intervention and postvention programs.

Program Evaluation

Our Committee is actively addressing the need for program evaluation. There are no provisions in our present budget for on-going program evaluation; we will request specific funding for this task. At the request of our Committee, Alberta Social Services and Community Health is currently evaluating the C.O.R.E. program of A.I.D. Services, Edmonton. The C.O.R.E. program was initiated by the Department prior to the creation of our Committee and has been in operation for five years.

It is important for the other programs that provisions for evaluation be made very soon. A well conceived evaluation design will clearly specify program goals and objectives, and can make an invaluable contribution toward the effective and efficient evolution of the various programs. Moreover, such a design will ensure that the appropriate data will be collected from the outset so that a performance evaluation can be conducted once the programs have been operating for a sufficient period of time. Our Committee envisions an evaluation design that is not limited to evaluating each program in isolation, but will evaluate the several programs as parts of an integrated provincial suicide prevention service. In other words, program evaluation is to be conducted within an overall framework which includes the components of outreach, training, education and research. This will insure the coordinated development of the components of suicide prevention, intervention and postvention.

The Committee is currently exploring the best way to proceed with filling this need within the budgetary resources available to it. In the interim, the Committee is monitoring performance by requesting periodic progress reports from the various program staff.

Because the various programs are still in the process of being established there is an urgent need for more consultation with the various program coordinators, and for guidance and assistance in management, administration, implementation and evaluation. In order to realize their full established potential the suicide prevention, intervention and postvention programs will require the full time attention of a specialist in this field.

SECTION III

DESCRIPTION AND STATUS REPORT ON PROGRAMS

In this section descriptions and status reports as of September, 1983 of the various outreach, training, education, research and fund raising programs initiated by our Committee, are presented.

The outreach programs which have been funded through our Committee include the Community Interagency Suicide Prevention Services (C.I.S.P.S.) in various stages of progress in Lethbridge, Medicine Hat, Red Deer, Fort McMurray and Grande Prairie; a suicide bereavement counselling service in Calgary and Edmonton; and a self-help program for suicide attemptors in Edmonton.

Three programs have been funded under the category of education and training: an information resource centre called the Suicide Information and Education Centre (SIEC); a province-wide Suicide Prevention Training Program (SPTP), and a project operated by Native Counselling Services of Alberta (NCSA) which is currently developing suicide prevention training materials and networks for Native communities.

Our Committee funded an undertaking by The University of Calgary to develop a suicide research centre. This initiative has resulted in a detailed design for a suicide research centre. The main features of this proposal are summarized in this section.

Finally, a grant was approved for the establishment of a suicide prevention foundation, and for the organization of a regional office to conduct a campaign in Lethbridge and region to raise funds for suicide prevention, intervention and postvention programs.

OUTREACH PROGARMS

- Lethbridge Interagency Program
- The Samaritans, Lethbridge
- Fort McMurray Interagency Program
- Grande Prairie Interagency Program
- Medicine Hat Interagency Program
- Red Deer Interagency Program
- Edmonton CORE Program
- C.M.H.A. Calgary Bereavement Program

LETHBRIDGE AND REGION SUICIDE PREVENTION PROGRAM - COORDINATOR: DR. JEAN COLLINS

Lethbridge Family Services

The Lethbridge Suicide Prevention Program report is summarized under four headings: prevention, intervention, postvention and service coordination.

Prevention

Primary prevention activities include public and professional education about suicide, training in suicide prevention and utilization of appropriate resources. During the past year, these functions have mainly been carried out under the auspices of the Samaritans, the Suicide Prevention Training Program in Calgary, and the Suicide Prevention Coordinator.

In May of this year, a 2-day fundamentals workshop in suicide prevention was held in Lethbridge, co-sponsored by Continuing Education at the University of Lethbridge and the Centre for Personal and Community Development (now Lethbridge Family Services). Resource people for the workshop were provided through the Suicide Prevention Training Program in Calgary. A total of 50 people attended the workshop.

One of the most distressed groups in our society are the native people, as evidenced by their high suicide rate and concern for suicide prevention. In March of this year, a one-day workshop was held on the Peigan reserve for the purposes of community education and development of a suicide prevention program. This was organized at the instigation of a number of native people who work in various professional capacities on the reserve. A two-day workshop in the fundamentals of suicide prevention was subsequently held in July, co-led by the Suicide Prevention Coordinator and one of the native organizers. The material from S.P.T.P. was adapted, as far as was possible, for the twelve native participants. Members of this group subsequently organized a one-day workshop on bereavement in August, and will be holding a workshop on service coordination in October.

Intervention

The major achievement of the Suicide Prevention program in Lethbridge this year was the organization of a branch of the Samaritans, to provide a 24-hour crisis-line and befriending service for those who are suicidal. The Suicide Prevention Coordinator acted as director for the organization until February of this year when a permanent Executive Director was chosen from among the volunteers. The activities of the Samaritans are outlined in the accompanying report.

The Samaritans have filled a gap in services for suicidal people in Lethbridge and South-Western Alberta (through our Zenith line), which was identified as a high priority by professional people in this area. This organization provides a variety of essential services in the areas of prevention, intervention, postvention, and service coordination. The Samaritans work closely with other emergency services such as police and hospitals, and with many collateral organizations providing money, food, clothing, accommodation, counselling, etc., for people in crisis.

Postvention

Services are needed for follow-up with those who have attempted suicide, and for the families, friends, colleagues, and helpers, of those who have committed suicide. A start has been made in both areas, but much remains to be done. Many people who call the Samaritans have made and/or make suicide attempts. As far as resources allow, these people are befriended and their progress is followed. When a person who has attempted suicide is admitted to hospital, short-term follow-up is provided by the social worker. However, their mandate ends after discharge, although they do attempt to direct people to other services in the community, if they are not already using them, and encourage others to return to see them if they need to talk.

A number of professional people in the community work on an individual basis with families who have been bereaved by suicide, including pastoral care counsellors, clergy, Alberta Mental Health Services, and Lethbridge Family Services. There is little or no formal coordination among these groups for this particular purpose. Earlier this year, a suicide bereavement group was organized jointly by Lethbridge Family Services and the Samaritans. This group ran for 10 weeks with 8 participants, and follow-up counselling was provided by the professional counsellor and the volunteers.

Service Coordination

A Suicide Prevention Coordinating Committee was established last year at the beginning of the project. The committee met only once, then became inactive in any formal sense during the time the Samaritans was being organized. This group was revived in June of this year, and has been expanded to include some of the "key" organizations involved in prevention, intervention and postvention.

The present membership is as follows:

Jean Collins	Suicide Prevention Coordinator, Lethbridge Family Services (Chairperson)
Bob Arms	Professor of Psychology, University of Lethbridge: Representative - Provincial Mental Health Advisory Committee
Val Boehme	Director: Canadian Mental Health Association
Tara Lavelle	Executive Director: Samaritans
Sr. Anne McLellan	Social Worker: St. Michael's Hospital
Stuart Norton	Social Worker: Alberta Mental Health Services
Sherri Quigley	Social Worker: Psychiatry, Lethbridge Regional Hospital

This group has been meeting over the summer. Our main focus has been on identification of gaps in service to people who are suicidal, and planning strategies to close those gaps. Priority has been given to dealing with the lack of postvention services for attempted suicide and families bereaved by

suicide. Most of our time so far has been spent finding out what happens to people who end up in the Emergency Department of St. Michael's Hospital. Theoretically, a fairly adequate system is in place for dealing with suicidal crises, but in practice, many people seem to get lost. One factor which has severely hampered our ability to check the coordination between Emergency and other organizations are the regulations surrounding confidentiality. The hospital cannot release names of people admitted or treated through the Emergency Department, so it is impossible to find out what happens to them after discharge; if they follow-up on referrals, etc. This is a general problem for a service coordination effort involving more than one agency. Without information on individual people it is extremely difficult to check whether a theoretically well-coordinated system is actually working.

Proposal for 1984

Our plans for 1984 are presented under the same four headings as the preceeding report.

Prevention

Professional training workshops for specific gatekeeper groups, e.g. police, teachers, nurses, clergy, will be arranged as time and resources allow. These will be conducted by trainers for the Suicide Prevention Training Program, by the Project Coordinator, or through the Samaritans as part of their professional education and training program.

Although much public education has already been done in Lethbridge, apart from media activities, little has been done on a more personal level within the surrounding rural communities, except for the Peigan Reserve. The interest and requests are there, but have not been pursued due to a lack of resources. Hopefully, within the next year, we will have a S.I.E.C. terminal in Lethbridge, and can more fully utilize this service ourselves, and promote its use among gatekeeper groups.

Intervention

The Samaritans are in the process of submitting an application to the City of Lethbridge for money to run a series of support groups for families of the chronically suicidal. There is a need for this type of service, which can best be accomplished through the development of a self-help organization. The initial sreies of 4 groups, run in cooperation with Lethbridge Family Services, will be used partially to develop leadership capabilities from within the groups. Once the self-help organization is formed, the Samaritans will provide a home for the group, and whatever resources they need. No additional costs are anticipated.

The Suicide Prevention Coordinating Committee will be working with St. Michael's Hospital Emergency Department to develop a protocol for dealing with suicide attempts. This should help to coordinate services within the hospital, between the 2 hospitals (Lethbridge Regional Hospital contains the Psychiatric ward for this area), and with other organizations such as the Samaritans. A number of possible locations and setups for a temporary care facility in Lethbridge have been discussed, but so far no permanent home has been found.

The start which has already been made on the Peigan Reserve, to develop a coordinated suicide prevention network in a rural area will continue during the coming year to encompass prevention, intervention, and postvention services.

The greatest incidence of suicide and suicidal behavior on Indian reserves involves young people. The Suicide Prevention Coordinator has therefore been working to acquire funding for youth programs on both of the reserves in this area. Youth programs have been organized on a temporary basis, but need permanent funding to develop a comprehensive preventive service. The program on the Peigan Reserve will be tied in to the suicide prevention coordinating group in that community. The program on the Blood Reserve will be integrated into any future coordination and training done by the Suicide Prevention Coordinator.

A second community, Pincher Creek, has expressed a great deal of interest in training in suicide prevention. A location for a befriending centre in Pincher Creek has already been found, and a small group of Samaritans volunteers from that area are interested in developing a comprehensive volunteer/professional service for suicidal people. Help, support, and training will be offered by the Suicide Prevention Coordinator as time and resources allow.

Postvention

Better coordination and training are needed for those offering bereavement counselling to families of people who have committed suicide. Both will hopefully be developed in the upcoming year, depending on what resources are available.

The Samaritans have applied to F.C.S.S. for money to run a series of bereavement groups for parents who have lost children through suicide, and for children who have lost parents or siblings through suicide. Both series would operate in conjunction with Lethbridge Family Services, and would develop leadership from within the groups to develop a self-help program. The self-help programs would continue under the sponsorship of the Samaritans with no additional funding.

Some professional people on the Peigan Reserve organized a one-day workshop in bereavement counselling. They are interested in developing an outreach program for families who have lost people through suicide. Help and support will be offered by the Suicide Prevention Coordinator to encourage their efforts, as time allows.

Service Coordination

The Suicide Prevention Coordinating Committee will be expanded to include the other "key" organizations involved in suicide prevention, intervention, and postvention, plus more of the auxiliary agencies in the community. We are adding slowly and systematically, as we need more information about specific services, and to deal with gaps in service coordination. The issue around confidentiality needs to be dealt with on a Provincial and National level if we are to provide an effective, coordinated, network of suicide prevention services.

Evaluation

The present guidelines for objectives for the Suicide Prevention Projects were developed by the Chairman of the Suicide Prevention Provincial Advisory Committee and presented to a Provincial meeting of the Suicide Prevention Coordinators in August of this year. The Coordinators have arranged to take an extra day during their next meeting, in January 1984, to discuss these objectives, and to develop a uniform set of guidelines for Suicide Prevention Projects in the five regions.

THE SAMARITANS SUICIDE PREVENTION PROGRAM/LETHBRIDGE

DIRECTOR: TARA LAVELLE

Goals

The primary goal of the Samaritans is that of preventing suicide through education, intervention in crises, and follow-up after the immediate crisis.

Objectives

1. Education
   a. to raise awareness of the magnitude of the problem
   b. to publicize signs of potential suicide
   c. to disseminate methods of intervention
   d. to identify available resources for the suicidal
2. Crisis Intervention
   a. provide a 24-hour, seven days a week telephone crisis line
   b. offer supportive listening to those in crisis
   c. take emergency measures to help those who made a suicide attempt
   d. provide an emergency drop in centre
3. Befriending (follow-up)
   a. provide telephone follow-up by Samaritans
   b. offer personal, longer term contact by Samaritans
      - befrienders offer support and help clients utilize existing services for which there is a need

Statistics

For the period November 2, 1982 through September 30, 1983, the Samaritans received 3,833 calls and made 372 calls for a total of 4,205 calls. Thus far, demographic data for clients has been calculated for the period November 2, 1982 through July 31, 1983. That data is as follows:

Total Calls	3,531 (100%)	Males 1870, 52%; Females 1,489, 42%; Undetermined 172, 6% - 2,878 local calls; 653 rural calls

Marital Status		
Married	294	(8%)
Single	839	(23%)
Divorced	876	(24%)
Widowed	38	(1%)
Separated	291	(8%)
Unknown	1,193	(33%)
Employment Status		
Employed	676	(19%)
Unemployed	1,015	(28%)
Student	157	(4%)
Homemaker	110	(3%)
Retired	23	(.06%)
Disabled	98	(2%)
Unknown	1,452	(41%)

Of the 3,531 calls, approximately 20% involved suicide-related calls were distributed as follows:

Suicidal Thoughts/Impulses	569
A Plan	134
Means Available	165
Past Attempts	181
Suicide in Family	37
Acute Risk/Attempt	143
Worry About a Suicidal Person	111

Samaritans operations are run by volunteers who, including the Director and the Board, receive no remuneration for their services. The full Board of Directors meets four times annually. The Executive Committee meets every two weeks.

The Director is a certified psychologist who is on call 24 hours a day, seven days a week. Twelve Samaritan volunteers serve as coordinators of various functions (eg. publicity, training, etc.). Additionally, 15 Samaritan volunteers serve as Home Leaders who are available during 24 hour shifts to make certain decisions regarding calls.

For the first ten and one half months of operation, volunteer coverage of the crisis lines were as follows:

For the periods of	# of vol.	Worked # of Shifts	Total Hours
Nov. 02 - Nov. 28, 1982	41	284	1,364
Nov. 29 - Jan. 01, 1983	49	325	1,570
Jan. 02 - Feb. 05, 1983	48	340	1,842
Feb. 06 - Mar. 12, 1983	46	313	1,494
Mar. 13 - Apr. 09, 1983	59	256	1,253
Apr. 10 - May 14, 1983	55	301	1,494
May 15 - June 11, 1983	47	260	1,258
June 12 - July 16, 1983	41	261	1,293
July 17 - Aug. 13, 1983	40	219	1,076
Aug. 14 - Sept. 10, 1983	36	187	940

Potential Samaritan volunteers must take a 28 hour training course. Those passing training are again evaluated after a 3 month probationary period. Further special and ongoing training is also provided for all volunteers, as are support groups for stress management.

SAMARITAN ACTIVITIES

Prevention

Samaritans lecture at High Schools and for private clubs/organizations. Recruiting campaigns, public displays, appearances on television, radio and newspaper/magazine interviews further increase public awareness regarding the topic of suicide.

Intervention

Samaritan volunteers are active in the intervention of suicidal crises. The telephone crisis line is operational 24 hours a day, 7 days a week. Additionally, the drop-in centre allows further intervention on a more personal basis.

Postvention

The Samaritans also befriend those in need of more long term, personal support. Befrienders maintain contact as well as encourage clients to use whatever available community resources might abate a client's distress.

Future Activities

The Samaritans plan to continue existing services as well as to initiate self-help groups and to establish a reading and lending library. It is also hoped that a Teen Crisis Line operated by teenagers for teenagers will be started in the near future.

In summary, the value of the Centre and its purpose, as measured by utilization, has been well recognized by the general public of Southern Alberta. A further measure of public acceptance is evident in the honor bestowed upon the Samaritans when they were selected to receive the Lethbridge Citizen of the Year award in 1983. In addition to those programs which have already been

well established, program expansion and new programs should increase the present service by the Samaritans to the people of Southern Alberta. Furthermore, programs aimed specifically at volunteer training would prove beneficial in further developing the abilities of Samaritan volunteers.

While it is as yet too early to determine the success of the Samaritans in reducing the actual rate of suicides in Alberta, it is hoped that such evidence will become available when all the programs are fully developed.

FORT MCMURRAY SUICIDE PREVENTION PROGRAM

COORDINATOR: PEARL WOLFE

City of Fort McMurray

The Suicide Prevention Program in Fort McMurray was established in July, 1982 as a study project to research existing services in suicide prevention, intervention and follow-up. It was developed to improve and increase services in those areas by coordinating community resources to the suicidal and those affected by suicide.

The program is directed by an advisory council comprised of representatives from Family and Community Support Services (FCSS), Social Services and Mental Health, the Regional Hospital, the R.C.M.P. and the Health Unit. It is administered by the City of Fort McMurray. Program activities are carried out by a full-time coordinator and a part-time secretary. Program staff work with other agency staff and volunteers in implementing services in suicide prevention, intervention and follow-up. The following outlines the major objectives for the program and the activities which are being undertaken to accomplish those goals.

Please note that throughout the report activities are carried out in conjunction with community agencies - thereby reaffirming their commitment made in the initial program proposal, February 1983.

Objective #1

With regard to the immediate concern of suicide intervention, the most urgent priority is the development of a 24-hour volunteer-operated distress line service. This includes the need for a functioning crisis intervention procedure in conjunction with community crisis services.

Activities

The Suicide Prevention Program coordinator is involved in the recruitment, screening and training of volunteers to provide a 24-hour distress line listening service. Currently, the line is answered only between 9 a.m. and midnight, seven days a week. Since April, 1983 when eight volunteers are active, thirteen more have been trained and another ten currently are in training.

Distress line listeners also will soon participate in a seniors' outreach telephone program. In conjunction with the City's senior citizens program and the Letter Alert program, volunteers will contact high-risk seniors on a regular basis.

Also to be implemented in the coming year is an on-call "flying squad" which will be coordinated by the distress line and will operate out of hospital emergency or emergency accommodation locations. The flying squad program is developing slowly; flying squad volunteers must be well-experienced distress line listeners who will take additional training by local agency professionals.

Alternatives for emergency accommodations for at-risk individuals exist at the Pastew Place Detox Centre, Unity House (women's shelter) and through the Salvation Army.

Community agencies providing crisis intervention services have met to develop a crisis intervention procedure which provides the volunteer component with professional back-up. This procedure familiarizes volunteers with information on how and when to mobilize crisis intervention services.

Finally, the Suicide Prevention Program Coordinator has established a volunteer steering committee to provide input and support to the volunteer component.

Objective #2

Regarding suicide prevention, a major goal is to improve delivery of services by agencies in detecting and acting upon suicide risk. This includes networking and the interaction of the program in conjunction with community agencies.

Activities

The Suicide Prevention Training Program (S.P.T.P.) two-day workshop held here in March was attended by more than seventy community professionals. Since then, the Fort McMurray coordinator has been trained and apprenticed as a trainer in the Suicide Prevention Training Program.

A smaller two-day workshop is scheduled in November for emergency department nurses, fire department and R.C.M.P. dispatchers and paramedics. A similar workshop is being planned for teachers in the public school board's family life program.

Shorter "workshops" and talks on suicide awareness have been given to various agencies including staff at Correction Services and Unity House.

The coordinator also provides all suicide education in the distress line training program and in the newly-established teen line training program.

The coordinator attempts to increase awareness and proficiency by making regular contact with agencies in the service network. She sends articles and clippings on related subjects, responds to requests for information and provides consultation in individual situations.

Objective #3

Where suicide prevention is concerned, another major objective is public education and awareness. This includes sharing information with peripheral agencies.

Activities

To heighten public awareness, the coordinator has concentrated primarily on promoting the availability of the distress line service and on some basic suicide education information. Brochures and cards are distributed and requests for information are taken from the public and peripheral agencies (i.e. Welcome Wagon). Submissions are made to various newsletters and plans have been made to address parents in a parenting program.

Regardless of where the S.I.E.C. terminal is placed, the coordinator will work to ensure its widest possible use by professionals and the public.

Objective #4

To provide postvention services for those who have attempted suicide (and are therefore at an extremely high risk) and those who are bereaved by suicide.

Activities

In keeping with the commitment made by counselling agencies in the initial proposal, the coordinator is able to arrange "immediate" counselling for suicide attemptors or high risk individuals. This is not necessarily emergency or 24-hour counselling (although some counsellors do give high risk clients their home phone numbers). This is the ability, if involved, to arrange for counselling when no appointments are available.

Along with the flying squad program, a telephone follow-up program will be developed whereby persons who have attempted suicide can consent to be contacted on a regular basis by volunteer distress line listeners. This could develop into a volunteer befrienders program and certainly provides a front-line follow-up (and possibly intervention) service.

In January, 1984, a bereavement program called Growing With Grief will start its first self-help bereavement group. This is a satisfying example of community agencies working together for the common goal.

A bereavement program committee was formed in May, 1983 comprised of representatives from: The Suicide Prevention Program, Family and Community Support Services, the Health Unit, the Ministerial Association, Regional Hospital and Keyano College Nursing Program. Two facilitators will lead the group: a community counsellor from Family and Community Support Services and a family advisor from Syncrude Canada Ltd.

The group will begin by addressing itself to bereavement of all kinds; it was felt that improvement in this area was greatly needed. Eventually, it is hoped that the basic format of this group will branch out into more specific groups - for example, one for survivor victims of suicide attempts.

GRANDE PRAIRIE SUICIDE PREVENTION PROGRAM

PROGRAM COORDINATOR: KATHY MCKEE, P.A.C.E. GRANDE PRAIRIE

PACE (Providing Assistance, Counselling and Education), Grande Prairie's 24-hour telephone crisis line service, received a grant of $15,610 in February 1983 to develop a suicide prevention project which would coordinate community services, under the terms of reference provided by the Suicide Prevention Provincial Advisory Committee. Kathy McKee was hired in March to coordinate this project under the direction of the Suicide Action Committee, a group of 20 community agency representatives.

The developmental phase involved interviews with participating agencies to determine their roles in a suicide service network. This task, originally estimated by the Suicide Action Committee to take three months, stretched into five months and was completed July 31st. The extension was made possible without allocation of additional funds through the co-operation of Alberta Social Services and Community Health Consultation Services Unit, which provided working space and office equipment to the coordinator and a part-time secretary from mid-March to September 30th.

The Suicide Action Committee met monthly during the developmental phase to guide the project. It approved the pilot project proposal, a document outlining the suicide service network with attached letters of commitment from all participating agencies, on July 21st. Those agencies included: P.A.C.E., R.C.M.P., Queen Elizabeth II Hospital, Canadian Mental Health Association, Odyssey House, Wapiti Lodge, Grande Prairie Ministerial Association, Grande Prairie Health Unit, City of Grande Prairie F.C.S.S., County of Grande Prairie F.C.S.S., Alberta Mental Health Services, South Peace Day Treatment Centre, Youth Program Grande Prairie, Cool Aid, John Howard Society, Alberta Solicitor General: Community Corrections, Grande Prairie Friendship Centre, Native Counselling Services of Alberta and AADAC. The proposal was circulated in the community and forwarded to the Suicide Prevention Provincial Advisory Committee for approval.

The Suicide Action Committee was offered assistance in pilot project budget preparation and suggestions for development of the suicide prevention proposal from S.P.P.A.C. members Dick Ramsay and Thelma Chalifoux, who visited Grande Prairie May 16th.

Four Grande Prairie professionals and the suicide prevention coordinator attended the Suicide Prevention Training Program "Training for Trainers" sessions in Calgary during the developmental phase (April 28th - 29th). The professionals were: Judith Rodnunsky, P.A.C.E. coordinator, Jackie Gaboury, Odyssey House women's shelter supervisor, Bill Nelson, Alberta Mental Health team leader, and Charlotte Davis, a psychiatric nurse with Alberta Mental Health.

The four trainees had a chance to practice presentation of the two-day S.P.T.P. workshop in Grande Prairie August 25th and 26th under the guidance of Roger Tierney, Denny Simpson, Pat Orrell, Bryan Tanney and Bill Lang, S.P.T.P. master trainers. Eighty professionals from Grande Prairie and surrounding towns attended the workshop at Grande Prairie Regional College, and feedback was positive and enthusastic.

Kathy attended the first regular meeting of the suicide prevention coordinators in Calgary on August 12th. One evening and a day were spent exchanging ideas, clarifying various aspects of the suicide prevention effort in Alberta and discussing the interrelationship of S.P.P.A.C.'s programs. The next meeting is scheduled for January 17th and 18th in Calgary.

Grande Prairie's suicide prevention program was given official approval by S.P.P.A.C. at Its September 15th meeting. A project budget of $45,601 was also approved at that meeting.

Implementation of the program began in earnest in September, after priorities were discussed at the Suicide Action Committee's September 1st meeting. The goal to strengthen suicide and crisis intervention procedures, specifically P.A.C.E.'s volunteer contribution to suicide and crisis intervention through telephone listening and follow-up, and the development of a flying squad service for suicide attemptors, was identified as a priority. Recruitment for P.A.C.E.'s volunteer training sessions from September 24th to November 15th began and the training sessions started with 20 potential volunteers.

Identification of the need for bereavement counselling services and self-help groups in the community took a step forward under the leadership of Canadian Mental Health Association on September 25th. "Dimensions of Grief and Loss", a workshop attended by 50 members of the community, was held in co-operation with the Grande Prairie Ministerial Association. C.M.H.A. will now determine how best to follow up this workshop from either an educational or service delivery perspective.

The suicide prevention coordinator and secretary moved October 1st from the C.S.U. to share office space with P.A.C.E. and C.M.H.A. in a downtown location. It was felt the three-way combination would benefit not only the suicide prevention project, but also the operation of both P.A.C.E. and C.M.H.A. C.M.H.A. and the suicide prevention program are planning to jointly host the Suicide Information and Education Centre computer terminal when it is made available in Grande Prairie. The new office is accessible and publically-visible enough to serve that purpose.

Publicity associated with the two-day workshop and media coverage of the program since September 1st has created a higher profile for the suicide project. Requests for in-service and educational sessions have begun to come in. The coordinator spent an afternoon with a high school class discussing teenage suicide, and is participating in a workshop dealing with suicide at a major interagency conference in Grande Prairie October 26th. She will also be conducting a session on suicide for P.A.C.E. volunteers in-training in November.

Statistical information about the number of suicide attempts and frequency of suicidal ideation among counselling agency clients in Grande Prairie will be available over the next year from agencies participating in the suicide prevention program. Plans for a second two-day workshop in suicide using local facilitators are underway. Work with individual agencies to actualize their commitments to the suicide prevention program is next on the agenda.

MEDICINE HAT SUICIDE PREVENTION PROGRAM

VOLUNTEER COORDINATOR: HUB FISH

Social Planning Department City of Medicine Hat

In answer to an invitation directed to the Community Services Division, City of Medicine Hat, in June, 1982, a Study Team consisting of Mr. R.E. Wanner, Superintendent of Social Planning Department, Mr. John Foster, Social Planner, and volunteer coordinator Hub Fish, prepared a proposal for the development of a plan of action for coordinating existing services in suicide prevention, intervention and postvention. This was Phase I of a three phase plan to establish a continuing community coordinated program in these area.

The proposal was submitted to the Suicide Prevention Provincial Advisory Committee in September, 1982 and a grant of $10,000 to develop the plan was received by the City in January, 1983.

Discussions were held with the staff of a number of key agencies and the information obtained was used to prepare a preliminary network outline. In addition, a number of the staff persons, including members from the Community Resource Centre (C.R.C.), Alberta Mental Health Services, Canadian Mental Health Association (C.M.H.A.), Family Services, A.A.D.A.C., City Police and the Medicine Hat and District Hospital, together with the resident psychiatrist, were invited to be members of a Consultant Group to the Study Team.

The Consultant Group met in February, 1983 to discuss the preliminary network outline. At the meeting, support was given to the opinion expressed by a number of agencies that, while concentrating on the many important aspects of suicide prevention, intervention and postvention, the plan should be expanded to include aspects of crisis in general.

The network was developed in further, more detailed discussions with agencies, and with the assistance of sub-committees on training and temporary accommodation during this development, more definitive drafts were discussed with the Consultant Group at four meetings held during the months of March through June.

A final draft of the plan of action for the network was discussed with Dr. Boldt and Professor Ramsay, at the end of June. Copies of this draft, modified to reflect certain points arising during those discussions, were made available to the public in June and were also distributed to some 25 agencies for comments.

These comments and those arising from a special meeting with the Chairman of the C.R.C. Board, were discussed at a meeting of the Consultant Group held in September and an agreed plan prepared for final presentation to the Provincial Committee. Early in October, two members of the Study Team acted as resource persons for discussion of the network on a call-in radio program.

The plan was formally presented to the Provincial Committee at a second meeting with Dr. Boldt and Professor Ramsay held October 12, 1983, which was attended by members of the Consultant Group.

City Council has endorsed going to the implementation phase (Phase II). In this phase, the Study Team will continue to work with C.R.C. in the establishment of the Care Council and the Call-in and Walk-in Centre for crisis and suicide prevention and intervention. It will also work with C.M.H.A. to provide the training programs and to initiate the Volunteer Outreach Agency, and with Care Line in the expansion of their services.

A Suicide Prevention Training Workshop presented by S.P.T.P. and sponsored by C.M.H.A. will be held in Medicine Hat, October 20 and 21, 1983.

The City has provided considerable staff support in the development of the plan for the network and the input by the agency staff members on the Consultant Group has been impressive and impartial. During Phase II, the Care council will replace the Consultant Group and participation by the Study Team will begin to phase out.

With these changes, the implementation of the network, as a continuing integration of the local programs in prevention, intervention and postvention for suicide and other crises, becomes a community, and not a municipal responsibility. The full achievement and continuation of the network will then depend entirely on the success of the Care Council and its ability to engender continued support from existing agencies, and on the response from volunteers.

RED DEER SUICIDE PREVENTION PROGRAM

CHAIRMAN: WAYNE HUTMACHER

Red Deer Alternate Futures Society

During the first part of 1982 the Red Deer Alternate Futures Society submitted a plan to the Suicide Prevention Provincial Advisory Committee, headed by Dr. Menno Boldt of Lethbridge requesting funding to develop a Suicide/Crisis Prevention Plan for Red Deer and Area.

In November of 1982, funding in the amount of $25,600 was received from Alberta Social Services and Community Health. A committee comprised of four persons from Alternate Futures Society (Gail Neeland, Phil Martin, John Fream and Wayne Hutmacher) and Mark Dimirsky, M.Sc., from Alberta Mental Health was struck. This committee had the mandate to recruit a coordinator to develop a proposal for a 24-hour, 7 days per week Suicide/Crisis Prevention Service for Red Deer and Area.

Advertisements for a coordinator were placed in the Red Deer Advocate, the Calgary Herald and the Edmonton Journal. Due to lack of suitable candidates, additional advertisements were placed in British Columbia, Alberta and Saskatchewan in February 1983. As a result of the second ad, three capable people were identified, and effective June 1, 1983 Brenda Dafoe of Calgary was offered a contract to develop a plan and write a proposal to be presented to the Suicide Prevention Provincial Advisory Committee. Expected date of completion for the proposal was December 1, 1983.

Shortly after Brenda Dafoe started employment June 1, 1982, an Interagency Advisory Committee was formed consisting of:

Wayne Hutmacher	R.C.M.P.	Chairman
Dr. Bob Boyd	Red Deer Hospital	Emergency
Jane Grenier-Franks	Red Deer Hospital	Emergency
Sandy Harper-Jacques	Red Deer Hospital	Dept. of Psychiatry
Dave Wilson	Red Deer Fire Dept.	Ambulance
Bev Gutray	Canadian Mental Health Association	
Mary Boyd	Canadian Mental Health Association	
Rev. Bob Gorluck	Representative of Red Deer Ministerial Association	
Evelyn Kushmire	Provincial Health Unit	
Bob Rechner	Alberta Social Services and Community Health, Innisfail Regional Office	
Carol Susut	F.C.S.S., Lacombe	

The first advisory committee meeting was held on June 14, 1983, at the A.I.D. Centre Office. Subsequent meetings were scheduled for every second Tuesday. On July 15, 1983, the advisory committee met with Dr. Boldt and Professor Ramsay. The purpose of the meeting was to discuss expectations of the Suicide Prevention Provincial Advisory Committee. A total of six advisory committee meetings were held. At the final meeting on August 16, 1983, plans were made for a special meeting on September 6th to clarify direction and services which would form part of the proposal.

On August 20th, Wayne Hutmacher received a letter of resignation from Brenda Dafoe with an effective date of September 16, 1983. On September 6th, a joint meeting was held between Alternate Futures Board and advisory committee members. At this meeting it was decided to hire a consultant or consulting firm to complete the writing of a plan for the implementation of a Suicide/ Crisis Prevention Service for Red Deer and Area.

Once the proposal is completed it will be submitted to the Suicide Prevention Provincial Advisory Committee. If the proposal is approved for funding, a coordinator will be hired to implement the service. Our goal for starting the service is April, 1984.

EDMONTON CRISIS OUTREACH AND REFERRAL EVALUATION (CORE) PROGRAM

PROGRAM COORDINATOR: PAT ORRELL, AID SERVICE, EDMONTON

A. Introduction

AID's CORE Program was initiated in 1978 to reduce the number of suicides in the Edmonton area by linking people who are suicidal to appropriate resources. CORE carries out the following functions:

i. makes contact in hospital emergency departments with people in suicidal crises in order to provide personal support and appropriate referrals, including CORE's follow-up program;

ii. maintains long-term telephone contact with people who have been identified as "at risk" for suicide in order to provide personal support and appropriate referrals, as well as to help them reach out for assistance in time of crisis;

iii. operates, under the supervision of qualified professionals, a support group for selected people who have attempted suicide;

iv. operates, under the supervision of qualified professionals, a bereavement program for the survivors of suicide;

v. trains all volunteer personnel at AID in the skills of suicide prevention, intervention and postvention;

vi. provides information on suicide prevention, intervention and postvention, as well as on CORE itself, to professionals and the general public; and

vii. collects, records and evaluates data on all CORE clients.

B. Summary of Program Activities for the First Nine Months of 1983

AID's 1982 Annual Report fully describes CORE's 1982 program activities. However, during the first nine months of 1983, many additions and modifications occurred. The following will provide a current overview of AID's suicide outreach program sans detailed statistics (available only at year' end).

1. CORE's Follow-Up and Hospital Programs

During the first nine months of 1983, 141 clients received follow-up services from the CORE Program. This compares with a total of 143 clients served in 1982. Fifty of the 141 were new clients and five were clients returning to the program in response to follow-up letters. Also during this period, 52 client files were closed. As of September 30, 1983, CORE had an active caseload of 88 clients, compared with 66 clients at the same time in 1982.

CORE referral sources remain varied. Many clients come from AID's Distress Line; others, from counsellors in private practice, from

social service and helping organizations. However, the largest number of clients are referred through the Emergency and Social Services Departments of Edmonton's University Hospital. This is the result of CORE volunteers working in that hospital's Emergency Department. Their presence, since 1978, has given the program a high level of visibility to hospital personnel.

CORE maintains informal contact with all hospitals in Edmonton. Recently, CORE staff successfully negotiated the placement of volunteers in the Emergency Department of Misericordia Hospital (this service started October 21, 1983).

A brochure outlining CORE and its activities has been developed and is enjoying wide distribution. Approximately 4,000 copies have been delivered to referral sources - doctors, psychologists, medicentres, social service agencies, hospitals, etc. Personal visits, whenever possible, have supplemented the information in the brochure.

2. Suicide Support Group

The suicide support group, started in February, 1982 met weekly until August 30, 1983, when it was temporarily adjourned until a staff replacement could be found to direct it. While in operation, the group met 82 times. In all, 27 CORE clients were involved, nine of whom were participants since 1982. There were five active participants when the group terminated. These individuals, plus a majority of past group members, have remained active clients in CORE's follow-up program.

The group was initiated under the co-leadership of a registered psychologist and a CORE staff member. This arrangement continued until June 1983, when the CORE staff member felt confident to lead the group alone.

Initially, two questionnaires - the 30-point General Health Questionnaire and the Beck Hopelessness Scale - were to be used as tools for group evaluation. As the group progressed, however, the validity of the scales was questioned both by group members and the co-leaders and their use was discontinued. Nevertheless, both the leaders and the group participants felt that within the group setting, members learned to risk being open with others, to assert themselves and to explore their feelings. In sum, it was perceived that the group was a beneficial experience for a majority of its members.

In reviewing attendance records of the group members it appears that men were not particularly receptive to this particular type of group experience; on the other hand, many women found the group appropriate to their needs. These observations, as well as CORE client profiles, are being evaluated by CORE staff to determine how to best adapt the group program to CORE's current client population.

On October 17, 1983, CORE will add to its staff a registered psychologist. The suicide support groups are now scheduled to be reactivated in November, as soon as the new staff member completes a review of work done to date and prepares detailed program documentation. With the renewal of the support group, other CORE staff will be trained in group facilitation.

3. Edmonton Suicide Bereavement Program

In November, 1982, the operation of the Edmonton Suicide Bereavement Program was transferred to AID Service of Edmonton as part of CORE. A registered psychologist with extensive experience in bereavement was hired as consultant to help develop the program and to assist in staff training. Client contact commenced early in 1983.

The bereavement program is two-pronged, composed of an in-depth interview - or "home visit" - and a structured group experience. Anyone who has suffered the loss of a relative or friend through suicide is eligible for the program.

The home visit provides an opportunity for the client to talk about the person lost through suicide. The interviewer assesses the client's present and future needs and makes appropriate referrals for help within the community. The client's risk for suicide is also determined.

Within the group, the client is encouraged to discuss the circumstances surrounding the suicide and work through feelings of guilt, remorse, anger and sadness. The group experience provides members the opportunity to support and assist one another through grief, helps them perceive the suicide as but one reality of their lives and encourages them to plan positively for the future.

Contact is maintained, as required, with clients who have been interviewed and/or who have been group members. Group members are encouraged to maintain the networks established within the group.

By September 30, 1983, CORE's volunteers and paid staff had conducted 27 suicide bereavement interviews (averaging 1½ hours each) and run four groups (consisting of eight two-hour sessions). A total of 16 individuals have completed the program. This program was maintained without interruption by CORE's staff, despite the resignation of the senior group facilitator.

4. Police Crisis Unit Program

CORE's temporary association with the Edmonton Police Crisis Intervention/Child Abuse Unit ended March 14, 1983, when completed suicides and suicide attempts were removed to the jurisdiction of the Victim Services Unit (which maintains its own volunteer follow-up program). From January 1, 1983, until the program was terminated, CORE received 26 referrals from the Crisis Unit and established contact with 21 individuals (five did not have valid telephone numbers). Fifteen of these accepted referrals, six to the CORE follow-up program.

Regrettably, efforts to establish liaison with Victim Services have not yet replicated the rapport CORE had (and still has) with the Crisis Unit. Since March 15, 1983, CORE has received only one referral from the Edmonton Police Department.

5. Volunteer Training

CORE's volunteer training program supplements the training volunteers receive prior to acceptance for service on AID's hot lines. The training, for both the hospital and follow-up programs includes three hours in advanced listening skills and two hours' orientation to the follow-up program and/or four hours' orientation to the hospital program. Since January 1, 1983, nine volunteers have entered CORE. Note that a first draft of a CORE training manual has been prepared.

Volunteers are also used in the Edmonton Suicide Bereavement Program for home visits. A 12-hour training course is provided emphasizing suicide and its consequences, the grieving cycle, the helping relationship and listening and interviewing skills. Six individuals have completed the training program.

6. Public and Media Presentations

Presentations have been made by CORE staff to a total of 28 organizations/groups and in April 1983, CORE held a news conference during National Suicide Prevention Week. The news conference received coverage on every radio and television station in Edmonton, both English and French, as well as in the Edmonton Journal, The Edmonton Sun, and Alberta Report. AID's CORE Program is now recognized as a source of up-to-date information on suicide for many media interviewers and researchers.

C. 1983 Goals and Objectives

AID's objectives for its CORE Program were outlined in its 1982 Annual Report.

i) The following services have been initiated or are being continued:

- A volunteer service similar to that in existence at the University of Alberta Hospital is being provided in a second hospital.

- The suicide support program is being continued.

- An informal evaluation has been made of the self-help program for suicide attemptors after one year's operation.

- A service is being continued to those bereaved by suicide through group and individual work.

- The training of volunteers to work in the Bereavement Program is being continued.

- Formal case conferences are being offered clients for whom CORE is their only support.

- Workshops on suicide for agencies and other interested groups are being continued.

ii. The following services are being developed:

- An efficient system for providing on-going evaluation of CORE's effectiveness.

- Improvement of methods for promoting CORE within the helping community.

- Additional education in suicide prevention, intervention and postvention for all CORE volunteers on a regular basis.

- Institution of a suicide information program suitable for junior and senior high school students.

CALGARY BEREAVEMENT PROGRAM

PROGRAM COORDINATOR: JUDITH BLYTHE

Canadian Mental Health Association/Calgary

The Bereavement Program Committee which meets approximately once a month has set forth the following goals and objectives for 1983-84.

1. To expedite the survivors movement through the grief process and to help whenever possible to change morbid grief responses to normal responses.

2. To help survivors gain a realistic expectation of life.

3. To aid as much as is possible a return to a maintenance of their former lifestyle.

4. To help survivors find hope for their future.

5. To educate professionals and the general public about bereavement following suicide.

More specifically, the objectives developed in order to reach the goals are as follows:

1. To continue individual and family counselling.

2. To continue bereavement groups as they have been operating.

   a. Possible expansion of the number of groups in operation.

   b. Possible training of facilitators to operate groups.

   c. Development of evaluation procedure for groups.

3. Develop a list of bereaved who would be available as support to new clients.

4. Enhancement of community awareness through:

   a. Distribution of pamphlets and posters to appropriate agencies (eg. police, hospitals, funeral homes, social service agencies).

   b. Public speaking with general public (service clubs, churches, teachers' groups).

   c. Development of an education package for professionals.

   d. Development of a slide presentation.

   e. Development of media presentations.

   f. Ongoing development of bibliographies on bereavement.

g. Expansion of education materials for program (eg. books, films).

5. Committee Meetings:

a. Monthly monitoring of budget, statistics, program.

b. Evaluation of program based on the goals and objectives outlined herein.

6. Depending on need, possible expansion of the program to include two full-time workers.

Progress

Individual and Family Counselling continues to increase significantly with the same number of deaths being attended by June 30, 1983 as was served all of 1982.

Family members are interviewed in homes, primarily due to the fact that they are infinitely more comfortable in their own milieu. Some clients may be involved with a number of helping agencies and individuals (eg. Alcoholics Anonymous, Juvenile Probation, school counsellors, etc.). Effort is made to coordinate service to the particular client. Case conferences may be held and contact is maintained by the various agencies throughout the grief process.

Bereavement Groups have also increased from two in 1982 to six in 1983. In fact, more groups could have been held if manpower had allowed. Groups continue to be closed and consist of eight weekly sessions.

At the request of clients, the heterogeneous groups originally operated were separated into homogenous groups (i.e. parents, spouses, siblings, children). In 1984, plans are to implement a group for the relatively large numbers of young women who have lost their boyfriends through suicide.

Because of the concern of some parents, a children's group was offered in the spring of 1983. The youngsters attending ranged in age from thirteen to eighteen. Reports from the children were positive with ongoing friendship and support being one of the outcomes.

The Bereavement Committee stipulated that if volunteers were used as group facilitators, they must be professionals in the helping services. Accordingly, these professionals (one psychologist and two social workers) have been trained and are presently facilitating groups.

One of the most difficult issues facing the committee is that of evaluation of the groups. Finding an instrument that will measure the multitude of behavioral and affective components of this acute grief is almost impossible. As well, the resistance of the groups to measurement exacerbates the difficulty. When one considers the extreme sensitivity of their situation, insistence is understandable. In addition, the committee believes that it is extremely unlikely that time, due to its importance in the grieving process, could be factored out. Hence, any before and after measures would lack validity.

A List of Bereaved who would be available as support to new clients has never been formally developed. However, it often happens that the staff person brings together, on an informal basis, people who have shared similar experiences. This occurs particularly when the next appropriate group is several months away.

Enhancement of Community Awareness has occurred through a variety of activities. One of the Bereavement Committee members is a commercial artist who donated her time and talent to producing artwork for both a pamphlet and poster. These have been widely distributed to the Medical Examiner's Officer, libraries, hospitals, and social service agencies.

Public speaking engagements have also enhanced the visibility of the Bereavement Program. By the end of 1983, approximately 1,400 persons will have heard of the program through their attendance at workshops or presentations.

The education package for professionals consists at the moment of a handout that is distributed in conjunction with presentations and workshops. It is not and was never intended as a self study package. It requires elaboration and an opportunity for questions.

Due to time constraints, development of a slide presentation for use in public displays has not been accomplished as yet.

Staff has from time to time been interviewed on radio, television and by newspapers. It has been more expedient to respond to specific requests than to try to develop a package of information.

A large number of bibliographies and articles have been collected through the excellent service provided by the Suicide Information and Education Centre. Staff there are most helpful, passing on the latest articles which are in turn used by students from a variety of disciplines (eg. nursing, social work, psychology).

Educational materials have expanded considerably through several generous bequests from survivors of suicide. This has enabled the program to develop a library which can be accessed by both clients and students. In addition, two films, both Canadian ("Cause of Death", and "Conspiracy of Silence") have been purchased.

Committee Meetings have been held approximately once a month. Members have been active in developing goals and objectives and monitoring both the budget and the progress of the program. The staff has been most appreciative of the excellent support given by the committee.

Expansion of the Program at this point seems an absolute necessity. The committee is currently studying ways of implementing this goal.

In summary, the Calgary Suicide Bereavement Program continues to develop and expand. Considering the reason it exists that may be regarded as something other than positive.

CALGARY SUICIDE BEREAVEMENT PROGRAM

STATISTICS*

	1982	1983 Jan. 1/83 to Nov. 25/83
Number of Deaths	33	64
Number of Clients Attended	63	130
Number of Personal Interviews	75	131
Number of Interview Hours (Based on 1.75 hrs. per interview)	131.25	229.25
Number of Groups	2	6
Number of Group Sessions	15	41
Number of Clients in Groups	12	34
Bereavement Committee Meetings	12	10
Workshops Conducted (3 hrs. or more)	3	21
Number Attending Workshops	140	733
Presentations Given (Less than 3 hrs.)	6	20
Number Attending Presentations	54	550
Presentations, Workshops Planned		6
Workshops, Conferences Attended by Staff	3	5
Displays, Newsmedia Presentations	4	9

* These statistics cannot be compared in that the program was not operating on a full-time basis in 1982. However, the increases in numbers do reflect an increase in referrals and visibility of the program.

CALGARY SUICIDE BEREAVEMENT PROGRAM

WORKSHOPS PRESENTED TO

Calgary City Police
Mount Royal College Criminology Class
Community Friends Volunteers
St. Thomas Aquinas School (Red Deer)
Canadian National Institute for the Blind
Claresholm Care Centre
Air Canada Staff
Yorkton Psychiatric Centre
Catholic School Board (X 2)
Post Partum Counselling Service
U of C Social Work Class
Bow River Correctional Centre
Hats Off to Teens Conference (X 2)
U of C M.S.W. Class
CMHA Suicide Intervention Volunteers
Swift Current Psychiatric Centre
U of C Medical Students
Lethbridge Samaritans Groups

PRESENTATIONS GIVEN TO:

Sexual Abuse Clients and Volunteers
Mount Royal College Social Work Class
Rotary Club of Calgary (Downtown)
Medical Examiner's Case Conference
Suicide Intervention Volunteers (X 2)
Canadian Association of College and University Student Services Conference
"Living with Grief" Conference (X 2)
Haysboro Elementary School
Hospice Calgary Volunteers
Salvation Army Sunset Lodge
St. Francis High School
Hats Off to Teens Conference
Air Canada Staff
Calgary Occupational Association for Addictions Program
AADAC Staff
U of C Social Work Class

EDUCATION AND TRAINING PROGRAMS

- Suicide Prevention Training Program
- Suicide Information Education Centre
- Alberta Native Counselling Services

THE SUICIDE PREVENTION TRAINING PROGRAM (S.P.T.P.)

COORDINATOR: JUDY MORRIS, CMHA, ALBERTA DIVISION

Rationale

The Boldt Report and the Royal Report both emphasized that many of the caregivers in our Province, in the course of their respective work, have the opportunity to directly intervene with persons at risk to complete suicide. Almost universally, these caregivers indicated that they felt insufficiently prepared to deal with the possibility of suicide as an outcome for their clients. The Suicide Prevention Training Program targets these caregivers as the primary focus for a foundation training program. This caregiver group includes practitioners from many disciplines, with widely divergent expertise and experience in dealing with persons at risk of suicide.

Program Objective

To train caregivers to be personally comfortable and professionally competent to undertake the role of "gatekeeper" for any person at risk of deliberately harming themselves. The gatekeeper role includes, the ability to use specialized knowledge and skills to make appropriate interventions in: 1) recognizing symptoms, 2) assessing the risk, and 3) undertaking appropriate management or referral of a person at risk.

Program Activities: General

To reach the objective of the program:

a. A series of participant goals have been developed which describe the desirable behaviors of the gatekeeping caregiver interacting with a person who is potentially at risk of suicide.

b. A training manual has been developed and training material was widely field-tested in 1982-83. The training manual includes material basic to good intervention practice with the suicidal person. It provides a common data base, common language and concepts that should increase the coordination and cooperation among numerous caregiving groups.

c. Numerous foundation training workshops have been conducted for caregivers in various communities throughout the Province of Alberta.

d. Two training of trainers programs have been conducted to increase the pool of persons in the Province who are skilled and able to facilitate and conduct the foundation training workshop for caregivers.

Program Activities: Special Request for Training Workshops

The Suicide Prevention Provincial Advisory Committee (S.P.P.A.C.) received a number of requests from persons in the Province for workshops in their communities. Project proposals were not responded to directly, rather S.P.P.A.C. developed an outline targetting a number of communities throughout the Province for training workshops. The Suicide Prevention Training Program Coordinator was hired on August 23, 1982. Workshops and activities for the 1982-83 year are as follows:

DATE	ACTIVITY	DETAILS (attendance number approximate)
September 23 - 25, 1982	Suicide Prevention Training workshop, Alberta Vocational College; Grouard, Alberta	First workshop conducted in the form of a field test, materials piloted. Attendance: 120 caregivers from High Prairie, Slave Lake area. No. of Trainers: 5
October 29, 1982	Symposium, "Suicide Update '82'", Faculty of Medicine University of Calgary, Calgary, Alberta	Six internationally acclaimed researchers made presentations about suicide and suicideal behaviors. Attendance: 300 caregivers from throughout Alberta
January 1983	Suicide Prevention Training Workshop; William Roper Hull Home, Calgary, Alberta	Selected staff and persons from various Social Services Organizations. Attendance: 61 caregivers from Calgary. No. of Trainrs: 4
February 23 & 24, 1983	Suicide Prevention Training Workshop, Alberta Hospital Ponoka, Ponoka, Alberta	Workshop conducted for Ponoka staff only. Attendance: 65 caregivers. No. of Trainers: 4
March 23 & 24, 1983	Suicide Prevention Training Workshop, Sheraton Hotel, Fort McMurray, Alberta	Workshop conducted for caregivers from Ft. McMurray community and area. Attendance: 80 caregivers No. of Trainers: 4
April 21 - 24, 1983	Suicide Prevention Training Workshop, "Demonstration", American Association of Suicidology, Conference, Dallas, Texas	Workshop demonstrated for 25 participants attending from various locations in North America

April 28, 30, 1983	Suicide Prevention Training Workshop, "Training for Trainers", (1). Faculty of Medicine, Faculty of Social Work, University of Calgary, Calgary, Alberta	Workshop conducted for purpose of increasing available pools of Provincial trainers. Participants selected through contact with various Social Services directors from throughout Province. Attendance: 33 (persons to be "apprenticed" at workshop). No. of Trainers: 6
May 26 & 27, 1983	Suicide Prevention Training Workshops; The Samaritans, Lethbridge and the Faculty of Continuing Education, University of Lethbridge, Lethbridge, Alberta	Workshop conducted for caregivers in Lethbridge area with some participants attending from locations distant from Lethbridge. Attendance: 50 caregivers No. of Trainers: 5 No. of "apprentices": 4
June 1983	Suicide Prevention Training Workshop, Overlander Lodge, Hinton, Alberta	Workshop conducted for caregivers from Alberta West Central Health District including: Hinton, Edson, Grande Cache and Jasper areas. Attendance: 65 caregivers No. of Trainers: 4 No. of "apprentices": 2
August 25 & 26, 1983	Suicide Prevention Training Workshop, Grande Prairie Regional College, Grande Prairie, Alberta	Workshop conducted for caregivers in Grande Prairie community and area. Attendance: 80 caregivers No. of Trainers: 5 No. of "apprentices": 5
September 22, 23, 24, 1983	Suicide Prevention Training Workshop, "Training for Trainers", (2). Students Union Building, University of Calgary, Calgary, Alberta	Workshop conducted for purpose of increasing available pool of Provincial trainers. Participants selected through Human Resources Inventory - conducted by Orion Group of Consulting Psychologists. Attendance: 27 (persons to be "apprenticed" at workshops). No. of Trainers: 4

Suicide Prevention Provincial Advisory Committee; Approved Workshops
(approved and scheduled prior to April 1, 1984).

DATE	LOCATION
October 20 & 21, 1983	Medicine Hat, Alberta
November 17 & 18, 1983	Hines Creek, Alberta; to include Spirit River area caregivers; will be conducted in Fairview, Alberta

December 1 & 2, 1983	Red Deer, Alberta; to include Red Deer community and area, will be conducted at Red Deer College, Red Deer, Alberta
January 13 & 14, 1984	Calgary Roman Catholic Separate School District (staff), Calgary, Alberta
January 26 & 27, 1984	Provost, Wainwright, Vermilion regions, Alberta
February - March 1984 - specific date unavailable	"Training for Trainers", Workshop, Calgary, Alberta
Final date not available	Barrhead, Westlock regions, Alberta.
April 5 & 6, 1984	Calgary Mental Health Services (staff) East Community, Calgary, Alberta

Evaluation

Suicide Prevention Training Workshops have been evaluated by the caregivers attending each workshop. This being the pilot year of the Suicide Prevention Training Program, the primary purpose of evaluation was to recommend and make changes to the process and content of the training program with respect to the participant goals and objective of the program.

Summary

Although timelines were periodically revised, the Suicide Prevention Training Program has succeeded in running workshops for all groups/communities targeted by the Suicide Prevention Provincial Advisory Committee.

The pool of trainers available to implement Suicide Prevention Training Programs throughout the Province has and will continue to increase as "training of trainers" workshops are conducted.

As more trainers become available more workshops will be organized at the local level without cost to S.P.P.A.C. These workshops are and will continue to be centrally monitored.

SUICIDE INFORMATION EDUCATION CENTRE (S.I.E.C.)

PROGRAM DIRECTOR: DONNA J. SIM, C.M.H.A./ALBERTA DIVISION

SIEC is a resource centre with a mandate to provide access to information (statistics, research, networks, programs, human resources, films, videos, associations, etc.) on suicide prevention, intervention and postvention. SIEC's activities are divided between locating and processing new acquisitions, and service delivery.

General Objectives

- to provide a service which is meaningful to users ensuring as comprehensive and detailed information as required.
- to develop a management system which integrates the input of volunteers, Management Committee, Editorial Board, participant users, technical experts, into an efficient, quality front-line service.
- to ensure precision and comprehensiveness in the identification, collection and dissemination of information on suicidal behaviors.
- to inform Albertans of SIEC's services and encourage their use of the data base.
- to make contact with people active in suicide research, programming and education, world-wide, with the purpose of soliciting donations of articles and bibliographies.

Specific Objectives

1. Management

   a. Recruiting and orientation of volunteers for a Management Committee and Editorial Board. Development of frames of reference, policies and procedures.

   b. Developing procedures for operation of an independent agency (bookkeeping, communication, office systems).

   c. Identifying and monitoring alternative systems for increased efficiency of staff and volunteer resources.

2. Database Development

   a. Development and refinement of SIEC's Thesaurus of Subject Terms as a recognized and accurate indexing key to users.

   b. Development of policies guiding collection development in regards to "peripheral" information not clearly defined in SIEC's 1982 Collection Development policy; incorporation of additional subject terms.

   c. Development of information packages appropriate to user groups and various levels of interest.

d. Identification and monitoring of sources for subject areas not available through present resources in specific subject areas.

e. Expansion of database.

3. Public Awareness

a. Cooperating with other Alberta programs and activities raising Albertans' awareness of SIEC.

b. Initiating contacts with key Alberta professional associations.

c. Identifying and initiating contacts with key individuals internationally to solicit articles, background information and network resources.

d. Developing and distributing SIEC's Newsline, Jobline, Clippings Service and Current Monthly Awareness Bulletin.

4. Servicing Requests

a. Monitoring requests received in order to identify users interests and information needs, to achieve a more effective service.

b. Integrating research and service requests.

Progress

1. Management - The CORE Management Committee and Editorial Board members have been recruited. Performance review of all project staff is to be completed by December 1983 in accordance with re-written job descriptions. Terms of reference and procedures of program coordination have been developed. A technical assistant has been hired. Specific units of work appropriate for volunteer manpower, in relation to staff resources and SIEC space, have been identified. Recruitment of volunteers has been initiated. Planning for relocation of SIEC to a larger space to accommodate volunteer and staff functions is currently in progress.

2. Database Development - The Thesaurus of Subject Terms has been refined using funding obtained via a research grant from the University of Calgary. A Research Committee position has been filled. Recruitment for a staff position is underway. The Editorial Board is working to develop guidelines for "peripheral" literature, monitoring responses to requests, editorial development of Current Monthly Awareness Bulletin and management of database development. Participation of a wider circle of technical experts and sources, internationally, for specific subject area development is being actively pursued.

3. Public Awareness - A portable SIEC terminal and mobile SIEC display enables "friends of SIEC" to demonstrate SIEC resources at various conferences and workshops. S.P.T.P. is incorporating information on SIEC services and use of the SIEC terminal into its training activities. Contact and background orientation packets are being distributed to individuals of Alberta professional and program associations. SIEC's

Clipping Service has been registered with Gale Research Company (international database marketer). Feedback from international and local users has been very favourable. Referrals to SIEC from present users has increased significantly. Aggressive follow-up with source contacts has been initiated with positive results. Unsolicited donations are being received.

4. Servicing Requests - SIEC's response to requests has been streamlined. Our focus on the collection of articles written since 1980 has resulted in SIEC having a comprehensive collection in all areas of recent material. Requests received have increased approximately 40% over the last six months. Generally, we are receiving more sophisticated requests for information. Walk-in traffic (local and out-of-town visitors) has increased significantly and from a greater variety of occupational groups. Users are indicating more interest in receiving network and peripheral information. A 48-hour turnaround service commitment has proven realistic. Steps towards better management of resources necessary to meet developmental tasks have been initiated.

Database Development

SIEC has approximately 4,000 articles entered (about 1/3 of the expected total available).

In referring back to the original proposal for a Suicide Learning Resource Centre, the job description of the Information Officer was, "to develop and manage a database, servicing requests and insuring input of new documents (1982 onwards)." The backlog of articles (8,500) was to be collected and processed by volunteers. This aspect of that original proposal has proven unrealistic. Factors contributing to this can generally be attributed to the unforeseen complexities involved in locating articles (a trained librarian is necessary to locate articles through obscure journals, etc.). The processing of articles (subject indexing) is not deemed an appropriate activity for volunteers, by the Editorial Board. Alternatives are presently being investigated. Abstracting volunteers have proven to be a successful resource, however, volunteers are difficult to locate. The original job description of the SIEC secretary included assistance in database development. However, a radical increase in the secretarial-receptionist function, as well as the use of SIEC's resources by the S.P.T.P. has resulted in very limited availability of the secretary's time to assist in database development.

The Management Committee of SIEC has recently extended a contract for a Technical Assistant to assist the Information Officer in the locating and inputing of articles. SIEC is presently investigating various government job creation programs available, to supplement limited SIEC funds, to rehire appropriately in this area on a longer term.

SIEC is planning to relocate on November 2, 1983. This move will enhance capabilities to accommodate volunteer training and supervision activities. The present space of 800 square feet has proven too small to accommodate 4 SIEC staff and volunteers, a library, a reception area, a computer bay and the S.P.T.P. program. Relocation will provide 1,900 square feet of space.

As the number of SIEC's network connections and users increases so do SIEC's opportunities to recruit volunteer participants in overall development. SIEC has invariably benefitted by the consistent support provided by contacts, locally and the University of Calgary's Suicide Research Committee.

Terminal Placements

The regions of Fort McMurray (Crisis Coordinating Committee), Grande Prairie (PACE and CMHA), and Medicine Hat (CMHA) have been identified as Hosts for the SIEC terminals. Terminals are to be placed by December of 1983, with the additional three regional Hosts to be identified and processed by April of 1984. Terms and guidelines defining this contractual agreement have been developed. A proposal detailing training costs, objectives, curriculum, administration and management for ongoing monitoring is receiving priority at SIEC. This is to receive final approval from the SIEC Management Committee in mid-November. Representatives from the identified regions will then visit SIEC for a two-day intensive training session in late November. The actual placement of SIEC terminals is to be carried out in early December.

Experience gained in the placement of these three terminals will be utilized for potential adjustments to the contractual agreements for the second three placements.

NATIVE SUICIDE PREVENTION TRAINING PROGRAM

PROGRAM COORDINATOR: DEBORAH CHALIFOUX

Native Counselling Services of Alberta

In February 1983 funds were awarded to Native Counselling Services of Alberta (N.C.S.A.), by the Suicide Prevention Provincial Advisory Committee, to develop a suicide prevention training package.

Phase one, the researching of background materials for use in developing the training package, was completed in September 1983. The research phase pointed to the need for developing materials for use on several different levels:

a. Training designed specifically for N.C.S.A. staff.

b. Training designed for other professionals working in Native communities.

c. Training designed for use in community awareness workshops.

The proposed program for delivery of training is as follows:

1. A training package consisting of four separate modules will be given to selected N.C.S.A. staff.

2. Once they have completed this training N.C.S.A. staff will work, in their own communities, to set up and deliver Suicide Awareness workshops for interested personnel from other agencies.

3. N.C.S.A. staff, in cooperation with personnel from other agencies, will set up and deliver Suicide Awareness workshops for the community at large.

4. N.C.S.A. staff, personnel from other agencies, and interested community members will work toward establishing a continuing Suicide Prevention Program in their own areas.

Work is now underway on the training package to be field tested on N.C.S.A. staff. This package will cover the following topics:

a. General Introduction, Suicide and the Law, Exploration of attitudes.

b. Counselling Skills - the use of crisis intervention techniques.

c. How to help a grieving family.

d. The delivery of suicide awareness workshops in the community.

This package will form the basis for the phase involving training personnel from other agencies. Modifications will be made according to need.

Because the situation in every community may differ, input from both N.C.S.A. staff and other agency personnel will be used to develop the workshop package for the "community at large".

Once the training packages are completed copies will be made available to S.I.E.C. in Calgary. Requests for these materials could then be channeled through them. The Centre will be apprised of any updates and revisions. We are already receiving requests for community awareness workshops. However, we feel very strongly that until there is at least one person in the community who is trained in the area of suicide prevention, the running of such workshops would be premature. When a workshop of this nature is held, people have a tendency to expect that there is someone available to help them out afterwards. This would, in general, not be the case if "experts" from the major centres moved in, held the workshop, and then left. By being patient and following the above outlined process we feel we can help to build a strong, more useful Suicide Prevention Program.

RESEARCH PROGRAM

THE UNIVERSITY OF CALGARY SUICIDE CENTRE PLANNING COMMITTEE REPORT

CO-CHAIRMAN: PROFESSOR DICK RAMSAY AND DR. BRYAN TANNEY

UNIVERSITY OF CALGARY

Introduction

In recent years Alberta has consistently had the second highest rate of completed suicides among the provinces of Canada. The Report to the Minister of Social Services and Community Health by the Committee on the Nature of, and Response to Personal and Family Crisis in the Province of Alberta (1979) (Royal Report), chaired by Mr. Percy Royal, Vice-Chairman, Provincial Mental Health Advisory Committee, identified a lack of resources for the prevention and treatment of suicidal behaviours and recommended that special attention be paid to this area. Although other mental health problems exist in the province, including problems surrounding divorce and family breakdown and problems of drug and alcohol abuse, the understanding and prevention of suicidal behaviours must be viewed as a major priority.

The Government of Alberta has been active in promoting basic medical research through the Alberta Heritage Medical Trust Fund. In the mental health field successive Ministers of Social Services and Community Health have initiated programs to ensure that Alberta residents would benefit from the most up-to-date advances in the field.

A task force on suicides commissioned by the Minister of Health and Social Development in 1973 and chaired by Dr. Menno Boldt of the University of Lethbridge presented its report in 1976. This document, to be recognized internationally in 1979 when Dr. Boldt co-shared the Stengel Award of the International Association of Suicide Prevention, focussed on several issues with respect to suicidal behaviours:

a. prevention, education and training

b. intervention services;

c. research.

With respect to research concerning the understanding and preventing of suicidal behaviours, the most specific recommendation involved the establishment of a Centre for the Study of Violent and Self-Destructive Behaviours. This Centre was to be responsible for research, education and training programs dealing with suicidal behaviours.

While a course of action to implement the comprehensive recommendations of the Boldt Report was being considered, two undertakings of the Government of Alberta established the province as the national leader in work involving suicide prevention. The Office of the Chief Medical Examiner (Department of the Attorney General) has provided reliable data collection on all completed suicides since 1975. The Office of the Provincial Suicidologist (Department of Social Services and Community Health), a civil service position unique in North America, has presented research and educational programs related to suicidal behaviours since 1978.

In 1981, the Suicide Prevention Provincial Advisory Committee (SPPAC) was appointed by the Minister of Social Services and Community Health. This committee operates through funds which the Government of Alberta has specified be set aside for suicide prevention and crisis intervention. Working with the Office of the Provincial Suicidologist, their mandate supports the implementation of many of the recommendations of the 1976 Boldt Report.

Outreach intervention services, education programs (Suicide Prevention Training Programs, SPTP) and a province-wide computer-based Suicide Information and Education Centre, SIEC, have been developed. SIEC and SPTP are undertaking part of the proposed activities of the "centre" recommended in the 1976 report. This present proposal, for an Alberta Institute for Suicide Research to be located at the University of Calgary, will fulfill the other activities of that centre: the advancement of basic knowledge and understanding of suicidal behaviours.

THE SUICIDE RESEARCH CENTRE PLANNING COMMITTEE

Mandate

In August, 1981, SPPAC informally approached the University of Calgary regarding its willingness to prepare a detailed proposal for the establishment of a university-based suicide research centre. The university responded positively and agreed to strike a multidisciplinary planning committee with the task of preparing a report under the guidelines of the university's policy on research institutes, centres and groups.

The Minister's Advisory Committee approved two grants to the University of Calgary to further the development process; one to support the work of the planning committee and the other to aid the University of Calgary Libraries in the organization of a comprehensive research collection on suicide.

The planning committee was appointed in April 1982 by the President, Dr. Norman Wagner, on the advice of Dr. Keith Cooper, Vice-President (Research) and the university's Research Grants Office. The multidisciplinary committee included the following members:

Co-Chairmen:

Professor Dick Ramsay, Faculty of Social Welfare
Dr. Bryan Tanney, Department of Psychiatry, Faculty of Medicine

Members:

Dr. Chris Bagley, Faculty of Social Welfare
Professor Janice Bell, Faculty of Nursing
Dr. Merlin Brinkerhoff, Department of Sociology, Faculty of Social Sciences
Dr. Sebastian Littmann, Department of Psychiatry, Faculty of Medicine
Dr. David Miyauchi, Department of Community Health Sciences, Faculty of Medicine
Dr. Tim Rogers, Department of Psychology, Faculty of Social Sciences
Dr. David Romney, Department of Education Psychology, Faculty of Education

The planning committee was guided by terms of reference set out in a memorandum from Mr. Robert Martin of the Research Grants Office.

The Boldt Report of 1976 proposed that there be established in Alberta a "centre" for the study of violent and self-destructive behaviour. The province has accepted the recommendation and has, through the Minister's Advisory Committee on Suicide Prevention, invited the University of Calgary to consider establishing such a centre and to begin the preparation of a detailed development proposal.

Specifically, the university proposes to establish a multi-disciplinary planning team to begin the work. The tasks of that team will be:

1. To survey and document the resources and potential information, scientists, scholars and professionals, recent and current projects, training programs, immediate and long-term research needs;

2. To guide the assembly of a library collection related to violent and self-destructive behaviour to serve the needs of the centre, Alberta researchers, students and professions, for research and the dissemination of research findings within the community;

3. To prepare a detailed development plan, implementation proposals and cost estimates for the establishment of an Alberta centre at the University of Calgary. The proposal will develop, in detail, the purposes, objectives and programs of the centre, proceeding from the Boldt Report and the advice of the advisory committee and will, in addition:

   3.1 Define the structure and organization of the centre;

   3.2 Define professional and support staff requirements;

   3.3 Outline the ways and mechanisms by which the centre will relate to the university, government services, professionals and the clients they serve;

   3.4 Prescribe programs and services for the centre;

   3.5 Establish an implementation timetable;

   3.6 Define the space, facilities, services, etc. required by the centre; and

   3.7 Prepare cost estimates for consideration by the Minister.

4. Establish a program of extramural support for research consistent with the idea that the centre should be an Alberta centre and that the full resources of the province need to be utilized in the research effort.

The planning team will be multidisciplinary, being composed of researchers representing psychiatry, psychology, social welfare, the community health sciences, sociology, nursing and education. One or both of the university members of the advisory committee will be included. An active researcher will be chosen as chairman from among the members. It is intended the province's suicidologist will also be an active participant in the work.

The committee will have access to the other professional and administrative resources of the university and will, in addition, consult widely and encourage contributions from interested parties in the province.

In its work the committee will be expected to become familiar with similar organizations elsewhere and to incorporate their experience in the proposal.

An initial report will be presented in 1982 for simultaneous review and, if appropriate, acceptance by the government and the university. If the proposals are accepted, the committee will then guide the completion of the detailed

planning, hopefully being able to work with the initial director in completing the plan and seeing the centre well launched.

The planning committee began its work in May 1982 and established a series of critical path activities.

Activities

Early in its deliberations, the planning committee opted to consult widely and to become familiar with similar organizations elsewhere by bringing world recognized experts on suicide research and suicide research centres to Calgary. In October, 1982, an initial proposal for the Suicide Research Centre was reviewed at a two-day consultation, with six visiting scientists, all members of the planning committee and the Chairman of the Minister's Advisory Committee. In addition, the visiting scientists presented at a one-day research symposium held in Calgary.

The input of other Albertans interested in the study of suicidal behaviours (suicidology) was encouraged through a presentation made at the annual Provincial Suicide Research Symposium. These symposia started in 1981 and were initially sponsored by the Canadian Mental Health Association (Alberta, South Central Region). Sponsorship of the symposia was transferred to the Suicide Research Centre Planning Committee in 1982. The Chief Medical Examiner of Alberta and his staff have contributed to all of the symposia. This office is actively cooperating with the overall effort to advance the quantity and quality of suicide studies in Alberta.

The planning committee also maintained close and regular contact with the Chairperson of the Task Force on Suicide Prevention of the Government of Canada throughout the development of this proposal.

The library collection was assembled under the direction of the head librarian, social sciences, who liaised with an appointed member of the planning committee. A second committee member assured a number of cooperative ventures between the university library, the planning committee and the Suicide Information and Education Centre.

External support for the establishment of a suicide research centre was sought from a wide range of individuals and organizations within the province.

The design and development of the suicide research centre, including details of the program, organizational structure, professional and support staff requirements, space and facilities requirements, implementation timetable and cost estimates, was prepared between January and July 1983.

Executive Summary

1. Suicide prevention, intervention and postvention were identified in the 1976 Report of the Task Force on Suicides (Boldt Report) as the major areas which required special attention with respect to education and training, outreach services and research. The University of Calgary with its close proximity to the office of the Chief Medical Examiner, the recently established Suicide Information and Education Centre and Suicide Prevention Training Programs, and several suicide prevention clinical programs is ideally situated for the establishment of the proposed research institute. It also has a core of the faculty members with well established Alberta reputations in the study of suicidal behaviours (suicidology), including an internationally respected scholar.

2. A research institute is central to the coordinated programs that will enable Alberta to advance the understanding of suicidal behaviours. No programs as comprehensive as those envisaged for this province have been developed anywhere in the world.

3. Currently in North America, the Institute for Studies of Destructive Behaviours and the Suicide Prevention Centre in Los Angeles (the first professional suicide prevention centre established in the United States) is the only remaining research centre active in the study of suicidal behaviours. The Alberta Institute is recognized as having the potential to become a major source of information, research and training for researchers not only for Canada but also for the rest of the world.

4. The term "suicide" is widely used and widely misunderstood. It is used overinclusively to describe actions ranging from a non-fatal act of self-harm to any self-destructive act resulting death. The term "attempted suicide" is also frequently used, inaccurately, to describe acts of deliberate self-harm which did not have the intention of self-killing. The problem of defining "cases" of suicidal behaviour in order to calculate population adjusted rates of the different types, is a very difficult task. Despite the complexity of this task, it is one which must be attempted before the antecedents of suicidal behaviours can be adequately evaluated.

5. Research on the combined social and clinical model has shown that the final act of suicidal behaviour (and most important, the act of suicide itself) is the function of a variety of interacting factors including vulnerability (influenced by developmental, family and previous environmental factors contributing to current personality orientation); mental state (including pathological mental states such as depression and psychosis, which may be psychobiological or genetic in origin); modelling, opportunity and social approval (including the example of suicidal behaviour in others, the availability of means such as a firearm and a value climate which approves of suicide in the face of stress); and social stress (ranging from interpersonal loss, financial strain, normative confusion, disruption of social bonds, to physical illness and physical pain). A viable research program in the study of suicidal behaviours must establish parameters for all of these factors, and show more definitively how they interact in influencing suicidal actions.

6. In comparison with Europe and the United States, the amount of Canadian research on suicidal behaviour is disapppointingly small (notwithstanding a few pieces of outstanding work by a small number of Canadian researchers), bearing in mind the population size and resources of Canada, and the growing seriousness of the problem of suicidal behaviour, especially in young people.

7. The research institute assumes that the study of suicidal behaviours (suicidology) is not the prerogative of a single discipline. The institute will undertake all kinds of research - basic, applied and clinical. The aim of the institute, by making its research findings generally available, will be to aid the efforts being made through prevention, intervention and postvention programs to promote mental health and to prevent deaths by suicide.

8. The infrastructure of the institute will have the administrative and technical resources to facilitate innovative and rigorous research in suicidology. The institute will also encourage and facilitate the preparation, communication and publication of contributions which expand the body of knowledge related to the understanding of suicidal behaviours.

9. The main focus of research activity, especially in the initial year will be the study of populations directly affected by suicidal behaviours. The secondary focus will be the study of populations at-risk with respect to suicidal behaviours.

10. The immediate priority of the institute, while not limiting future development will be the collection of basic data for the purpose of epidemiological and statistical analysis.

11. The institute will participate in the university's educational activities, but will not itself offer academic courses or programs leading to a degree.

12. Both internal and external program evaluations of the institutes activities will be conducted during the initial (conditional) and all subsequent continuing grant periods.

13. The institute will be implemented in three phases: design and development organizational start-up and implementation. The proposed date for the opening of the institute is July 1, 1984.

14. The institute will be a "university institute" of The University of Calgary. It will have a governing board with representatives from the university and the community to make policy and to facilitate the research activities of the institute. It will also have a scientific advisory committee of nationally and internationally recognized experts in suicidology.

15. The institute will have a full time director to manage the institute's activities and to provide leadership in the development of priorities and in the implementation of research studies. The director's appointment will be for an initial five-year period, renewable for a further five

years, subject to satisfactory performance and the availability of funds to support the institute. Appointments to the institute will include full-time research faculty, post-doctoral fellows, institute fellows and research assistants. Other members of the academic, student and professional communities will have non-remunerative affiliate appointments.

16. The University of Calgary Libraries have assembled a comprehensive library collection of suicidal behaviours which will serve the needs of the research institute, Alberta researchers, students and interested professionals. Its entire social sciences collection has been catalogued in the on-line data base of the Suicide Information and Education Centre (SIEC).

17. The University of Calgary will allocate space, office furnishings and amenities, and computer facilities for the institute. The Government of Alberta will provide a conditional grant for an initial term of five years. The institute will not offer direct support or project funding to researchers with affiliate appointments.

18. The estimated costs during the initial grant period begin in Year 1 at $198,000 and rise to $570,000 in Year 5.

FUND RAISING PROGRAM

THE CANADIAN SUICIDE PREVENTION FOUNDATION

COORDINATOR: TREVOR ESAU

Introduction

Over the past eight years there has developed a marked increase in community interest and concern for suicide and self-destructive behaviour. Parallel with this heightened awareness we have seen the development of suicide prevention programs. Most noteworthy in this regard is the initiative of the Department of Social Services and Community Health, through the Suicide Prevention Provincial Advisory Committee to establish an integrated and comprehensive network of suicide prevention services in the province. The programming initiatives taken have heightened public awareness of the suicide problem and have increased the public's concern for those who are suicidal.

While the above effects must be viewed as positive, they have adventitiously opened the door for self-appointed individuals and groups to solicit the general public for funds in the name of suicide prevention. If left to take its own course such unmonitored and uncoordinated solicitations will result in misguided collections and disbursements of suicide prevention funds. The potential for such a development will increase as media attention continues to focus public attention on suicide and as government and United Way funding is capped or cut back due to economic stringency.

The current status of suicide prevention in Alberta indicates a need for an independent, non-profit, provincially registered society, to raise funds from the general public and the corporate/business sectors for suicide prevention services and programs. Such an organizational approach has proven successful in raising funds for heart disease and cancer. However, a question arises in its application to suicide prevention: Is there sufficient citizen concern over suicide as a social, psychological and medical problem to generate the required volunteer participation and financial contributions?

Given this unanswered question regarding the feasibility of raising funds from the public sector for suicide prevention, a pilot project was conceived to test the feasibility of a suicide prevention foundation.

The Pilot Project

The proposed pilot project has three objectives: To develop an effective fund-raising organization; to carry out a carefully conceived public education program in suicide prevention; and to gather information on public response to an appeal for funds for suicide prevention. The proposed site for the pilot project is Lethbridge. Lethbridge has a population of 56,000 with 2,000 business organizations. The advantages of Lethbridge as the site of the pilot project can be stated as follows: It is of a manageable size to test public reaction without a large cost; it has had a high exposure to information on the problem of suicide and to suicide prevention information; it can meet the volunteer resource needs for the pilot project objectives.

The pilot project was funded to provide one full-time staff person for a period of nine months. The staff person would carry out the following duties:

1. Obtain a provincial charter, registered society status, and federal tax exemption number.

2. Establish a regional organization and office.

3. Frame a constitution, by-laws, policies and operating procedures.

4. Develop strategies and techniques for encouraging participation and contributions by the general public, service clubs and small businesses.

5. Investigate approaches to soliciting bequests, memorial donations and corporate contributions.

6. Develop policies for allocating foundation funds to suicide prevention services so as to supplement and complement government funding.

7. Organize a door-to-door and mailout fund-raising campaign (i.e. divide and map Lethbridge into areas, zones and routes; recruit and organize volunteer canvassers, zone captains, area chairman and a campaign chairman).

Expected Benefits of the Pilot Project

1. Organizational: Create a permanent suicide prevention foundation that will actively solicit the private sector for monies to supplement and complement the Alberta Government's allocation to suicide prevention. Develop a permanent regional fund-raising organization in Lethbridge and district which can serve as a model for other regions in Alberta.

2. Public Education: Compile appropriate educational materials on suicide to be placed in every home, business and community service; conduct a public relations campaign to raise public awareness of suicide; recruit and train four hundred volunteers to disseminate information on suicide prevention to householders; organize two workshops and seminars on suicide prevention, open to the general public; make slide-tape presentations on suicide to service clubs, churches, and other groups.

3. Information Gathering: Test the public's readiness to volunteer their time to raise funds for suicide prevention; measure readiness of rural and urban residents to contribute funds in response to door-to-door solicitations and to mail-out appeals, and evaluate the relative effectiveness of each type of appeal; evaluate effectiveness of the proposed public education program using a "before" and "after" methodology with 100 randomly selected households; collect data on selected attitudes of private citizens to the idea of fund-raising for suicide prevention using a short questionnaire to be included in the mail-out campaign materials; collect data on selected aspects of the volunteers' experience, perceptions and attitudes relating to the campaign; evaluate media reaction and coverage; test the effectiveness of the proposed organizational structure for fund-raising; and the appropriateness of December as the fund-raising month.

SECTION IV

FUTURE PLANS FOR SUICIDE PREVENTION

Although much progress has been made in the development of suicide prevention, intervention and postvention services in Alberta, a number of identified gaps still exist. Over the next few years we will be working with local communities to fill these gaps. Specifically, we will be concentrating our efforts on five areas of need: 1) suicide prevention in Alberta's schools; 2) suicide prevention, intervention and postvention in Alberta's rural areas and Native communities; 3) development of specialized training programs in suicide prevention education and bereavement counselling; and 4) suicide research.

1. Suicide Prevention in Alberta's Schools

The rising rate of suicide among our youth implies an urgent need to help the young develop more positive attitudes toward life, and to provide them with information that will help those who experience suicidal tendencies to deal effectively with their feelings. Our approach to youth suicide must address the following needs:

a. Carefully conceived curriculum materials aimed at suicide prevention for junior and senior high school students.

b. Training for teachers in the appropriate use of the above mentioned curriculum materials, and in the detection of suicidal signs.

c. Training of school counsellors in the fundamentals of suicide prevention, intervention and postvention.

d. Screening and training of persons, external to the school system, who are invited to address students on suicide, in the selection and dissemination of information on suicide prevention.

2. Suicide Prevention, Intervention and Postvention in Alberta's Rural Areas and Native Communities

The needs of Alberta's rural areas are very similar to those of the urban areas. That is, rural residents need 24-hour crisis intervention services and competent professional and volunteer follow-up services. They also have the same need for training and education. Such services are virtually non-existent in rural areas.

Our Committee has invested considerable effort in providing suicide prevention training in rural areas. Working with rural Interagency Councils we have been able to offer gatekeeper training workshops in a number of rural regions.

Populations in rural communities are too small to justify or to sustain a locally based volunteer crisis line. We are currently testing an alternative approach. Our Committee has mandated the Lethbridge Suicide Prevention Program to pilot a regional crisis intervention service. This

has entailed the provision of telephone crisis counselling by the Samaritans via a zenith line, and the training of rural professionals and volunteers in providing follow-up services.

The Samaritan experience in providing a rural suicide intervention service has been a very positive one and suggests that this model could be effectively and efficiently extended throughout rural Alberta through a centralized telephone crisis intervention service, backed up by trained local professionals and volunteers to do the necessary follow-up. Proceeding with this program requires funds that are not now available.

3. Development of Specialized Training Programs in Suicide Prevention Education and in Bereavement Counselling

The currently functioning Suicide Prevention Training Program provides gatekeepers with the fundamentals of suicide intervention. The Committee has identified an additional need for specialized training in suicide prevention education, and in bereavement counselling. We have already detailed our plans for developing a specialized training program in suicide prevention education (see #1, this section). With regard to bereavement counselling our Committee is currently exploring the feasibility of developing specialized training materials and a training program. Such training would be given to carefully selected individuals from various regions throughout Alberta, who have successfully completed the fundamentals training program.

4. Establishment of the Alberta Institute for Suicide Research, University of Calgary

Whereas we can save a significant number of lives on the basis of our present knowledge, it is recognized that much more knowledge is needed to provide a really adequate suicide prevention, intervention and postvention service in Alberta. Such knowledge will only result from long-term research based on the systematic collection and analysis of data. What is needed to achieve this is the establishment and support of a research centre.

There are currently several initiatives being taken to find adequate funding to establish the Alberta Institute for Suicide Research, University of Calgary. We consider the success of these initiatives to be crucial for developing more effective suicide prevention, intervention and postvention approaches in Alberta.

APPENDIX I

YEAR TWO MEETINGS OF THE SUICIDE PREVENTION PROVINCIAL ADVISORY COMMITTEE

August 31 & September 1, 1982	The Inn West, Hinton, Alberta
September 23, 1982	Keys Inn, High Prairie, Alberta
September 24, 1982	Alberta Vocational Centre, Grouard, Alberta
October 6, 1982	Village Park Inn, Calgary, Alberta
November 11 & 12, 1982	Palliser Hotel and C.M.H.A. Office, Calgary, Alberta
November 23, 1983	Lethbridge Lodge Hotel, Lethbridge, Alberta
January 27 & 28, 1983	Delta Bow Valley Inn, Calgary, Alberta
February 17 & 18, 1983	Centre West Building, Edmonton, Alberta
May 6, 1983	Centre West Building, Edmonton, Alberta
June 21, 1983	Delta Bow Valley Inn, Calgary, Alberta
September 15, 1983	Delta Bow Valley Inn, Calgary, Alberta
October 25, 1983	Delta Bow Valley Inn, Calgary, Alberta

APPENDIX II

GRANT APPROVALS IN THE SECOND YEAR

OUTREACH SERVICES:		
Centre for Personal & Community Development, Lethbridge		$ 46,663.00
The Samaritans, Lethbridge		46,640.00
City of Fort McMurray		52,480.00
Providing Assistance, Counselling & Education, Grande Prairie		45,601.00
City of Medicine Hat		10,000.00
Red Deer Women's Alternate Futures Society		25,650.00
C.O.R.E./A.I.D., Edmonton		183,483.00
C.M.H.A. Calgary Region		42,015.00
SUBTOTAL		$452,532.00
EDUCATION AND TRAINING:		
Suicide Prevention Training Program, C.M.H.A. Alberta Division		$ 41,800.00
Workshops		53,050.16
Grande Prairie	7,916.15	
Fort McMurray	8,422.00	
Lethbridge	6,722.00	
Hinton	8,847.50	
Alberta Trainers	11,854.51	
William Rope Hull Home	4,400.00	
Alberta Hospital, Ponoka	4,888.00	
Suicide Information & Education Centre		157,515.00
Native Counselling Services of Alberta		47,937.00
O.R.I.O.N. Trainer Evaluation		19,435.00
SUBTOTAL		$319,737.16
RESEARCH		
University of Calgary Research Symposium		$ 4,125.00
SUBTOTAL		$ 4,125.00
FUNDING		
Canadian Suicide Prevention Foundation		$ 23,163.00
SUBTOTAL		$ 23,163.00
GRAND TOTAL		$799,557.16

POOR

QUALITY

ORIGINAL